
Medicare Program Integrity Manual

Department of Health and
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 26

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CHANGE REQUEST 2100

<u>CHAPTERS</u>	<u>REVISED SECTIONS</u>	<u>NEW SECTIONS</u>	<u>DELETED SECTIONS</u>
6			1.7

Section 1.7 of Chapter 6, Quality Issues in SNF and Referral to Other Agencies, is being deleted effective April 25, 2002, because this section was inadvertently not deleted when replacing existing language with guidelines to support SNF PPS medical review. Contractors should follow guidelines in PIM Chapter 3, Section 10, "Referral of Cases to Other Entities for Action" when referrals are needed as a result of SNF PPS medical review.

If payment was denied solely based on the instructions contained in the section, you are to reopen the claim(s) and adjudicate payment without regard to section 1.7.

These instructions should be implemented within your current operating budget.

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Chapter 6 - Intermediary MR Guidelines for Specific Services

Table of Contents (Rev. 26, 04-27-02)

- 1 - Medical Review of Skilled Nursing Facility Prospective Payment System (SNF PPS) Bills
 - 1.1 - Types of Review
 - 1.2 - Bill Review Requirements
 - 1.3 - Bill Review Process
 - 1.4 - Workload
 - 1.5 - Data Analysis
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